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PROGRESS OF GYNECOLOGY AND OBSTETRICS.

By A. Lapthorn Smith, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal.

Since total extirpation, if performed sufficiently early, offers the best chances of recovery from cancer of the uterus it has become a very important matter to be able to diagnose this disease at the beginning. Dr. Henry C. Coe, in the New York *Med. Record*, Feb. 1889, gives the results of his experience at the New York Cancer Hospital. He found that more than a fifth of the women were under forty years of age, and that frequently when the disease is far advanced they still preserve the appearance of robust health. Pain was always a late symptom and often absent. Even hemorrhage and the foul watery discharge is not a reliable symptom, for they are often absent even when the ulceration is extensive. He considers bleeding as the most significant symptom, especially if it occurs at irregular intervals between the periods, or if it occurs in women after the climateric. Bleeding after coitus is always important and demands an examination even if no other symptom be present. He considers a profuse leucorrhœa in a woman who has passed the climateric as very suspicious of cancer. But pain is not a reliable symptom for the reason that it is frequently absent in the early stage: although vague shooting pains in the pelvis in women previously free from them would point in this direction. The cervix is usually found lacerated, large, thickened and having peculiar nodules along the edges of the everted lips Firm pressure is not painful but may cause slight hemorrhage. No odor is noticed on withdrawing the finger. The uterus is enlarged but moveable. There is no evidence of perimetritis. Through the speculum the cervix may present the ordinary appearance seen in erosion from which it can only be positvely diagnosed by microscopical examination. A sharp line of demarcation between the healthy and diseased areas is a suspicious fact, as is also a general hardness of the cervix in connection with erosion. The cancerous deposits appear as glistening yellow nodules elevated above the level of the healthy tissues.

In the London *Lancet*, American edition, page 272, Dr. Moore Madden reports a case of extirpation of the uterus during pregnancy for sub-peritoneal fibroids which was followed by peritonitis and death on the fourth day. The cervical stump was thoroughly included in a peritoneal covering which was dissected out and stitched over it. The abdominal cavity was washed

out with warm water and the ligatures brought out through a drainage tube inserted in the lower angle of the wound. The operation was somewhat prolonged. It is noteworthy that two grains of opium were given immediately after the operation and one grain every third hour aftewards. It does not seem from this that Dr. Madden has the same holy horror of opium after abdominal operations as is felt by Tait and the modern school of laparotomists.

Dr. Trenholme of Montreal (CAN. MED. REC.) recently reported a case of removal of the uterus for sub-peritoneal fibroid in which the patient has made a rapid and uninterrupted recovery. To control hemorrhage he passed the hempen snare of an ecraseur around the uterus near the cervix which was gradually tightened when any sign of hemorrhage appeared. The operation only required about twenty minutes for its performance and the stump was stitched to the lower angle of the incision. Opium was sedulously avoided.

Mr. Lawson Tait at a recent meeting of the British Gynecological Society reported having operated on a lady for fibroid tumor with the result that she died of collapse a few hours afterwards. He upbraided Sir Spencer Wells for not having operated on her when he saw her ten years previously when Sir Spencer decided that it was in her interests to let her alone. The editor of one of the English journals says that Sir Spencer knew what he was about when he declined to operate an inoperatable case of fibroid. In my opinion the only cases of fibroid that one is justified in removing by operating are sub-peritoneal ones which are freely moveable in the abdomen. These are precisely the ones which are least amenable to electrical treatment, and it must be admitted that when the operation is performed as in the case of Dr. Trenholme there is very little risk about it.

In this connection I may refer to a case mentioned by Dr. McMurtry (*Jour. Amer. Med. Assoc.*, April 20, 1889) in which the operator was Bantock. After opening the peritoneal cavity with proper precautions (cleanliness but no germicides) the operator introduced two fingers and thoroughly explored the pelvis. The tumor was an uterine fibroid and was found to have extensive attachments to the sides of the pelvis and pelvic viscera. He decided that it was impracticable to remove it and the incision was at once closed. How much better to take this course than to have the patient die on the table or a few hours later from hemorrhage or collapse. This case could be handed over to a conservative gynecologist to treat by the harmless but effective continuous current. For in small interstitial or intramural fibroids Apostoli's treatment never fails.

As I am at present preparing a paper for the Newport meeting of the A. M. Association giving the result of the electrical treatment of fibroids in my hands, I will merely state at present that in every case without excepton the hemorrhage has been stopped; in all but one dysmenorrhœa has been almost or entirely relieved, and in all but one the tumor has been appreciably diminished in size, while there have been no deaths whatever and no accidents of any kind worth mentioning.

Dr. Joseph Price, of Philadelphia, in a recent paper strongly advocated abdominal section for pelvic abscesses with drainage through abdominal incision, thus differing from Martin, of Berlin, who in order to obtain the aid of gravity prefers to drain through the vagina. So important does Martin think this that he sometimes performs abdominal section only to aid him in reaching the abscess cavity through the vaginal roof. Dr. Price advocated the immediate removal of pus tubes and ovaries as soon as discovered. In the discussion Dr. Howard Kelly said that the natural history of this disease is one of attacks of recurring localized peritonitis, and that during the attacks they are exceedingly prostrated and the danger of operating in-

creased. "I know of no other cases" he said "which are so amenable to treatment and improve so much. With rest and the use of hot water we will after a few days or a week or two find the great mass of inflammatory deposit gone and are then able to make out the outlines of the diseased uterus and tubes which we now find moveable and we can proceed to operate under more favorable circumstances."

There is no doubt, however, that operative interference has been overdone by some gynecologists of the last few years. I agree with Dr. Horatio R. Bigelow when he says in his address before the Ninth International Congress, that vastly more appendages are removed than pathological changes require. At a late meeting of the Medical Society I stated that the Fallopian tubes could in many cases be entered by the sound, and in support of my statement I quoted Dr. Wallace of Liverpool. Dr. Kelly of Philadelpha has advocated the catheterization of the tubes for the treatment of pyosalpnx. This treatment may yet be the means of avoiding a serious and dangerous operation. That the removal of the ovaries and tubes for pain only is no longer justifiable is now pretty generally admitted. For the pain can be removed by other means and the removal of the appendages does not always cure the pain. I have at present under treatment three patients from whom the ovaries had been removed for pain; that this pain was neuralgic was proved by the fact that after having risked their lives and spent several weeks or months in hospital they were discharged unrelieved. In two of them a few applications of fine wire faradism completely cured their most distressing symptoms; in the other a course of phosphate of iron and strychnine has given permanent relief. But apart from these cases I have had a considerable number who had been urged to have their ovaries removed for relief of pain and who have also been cured by the treatment I have mentioned. I believe that not only the ovaries but the broad ligaments are frequently the seat of varicocele the result either of relaxation of the walls of the veins or to some impediment to the return of the blood higher up. Young men suffer often from the same symptms and can be promptly cured by rest and a tonic treatment. Supposing that these young men consulted Dr. Mary Brown, an ambitious female doctor who was anxious to get up a reputation as an operative surgeon, she would no doubt urge the young men to have the testicles removed, pleading that the testicles would only be a source of trouble and expense to them as long as they lived. The latter argument might be quite true, but would the young men consent? I doubt it. But the fact is that in order to get up a reputation as a gynecologist it seems necessary to cut open some one for something, or as Tait puts it, they say "Here's something; let's have an operation." Mr. Tait recently said that the ovaries have no more to do with sexual feeling than the front teeth. This I think is not correct. I have inquired from a great many women as to the effect of castration on them and they have all told me that the removal has completely changed the tenor of their lives. They are not able to exactly define the alteration in feeling but they feel as though they were different from other people and that other people are shunning them. Others say that they no longer care to mix in society but only wish to get away by themselves. One in particular told me frankly that before the removal of the ovaries "she was never happy unless she had some men around her, but that since then she did not want to see the sight of one." Apropos of the effect of gynecological operations on the mind Dr. T. Gaillard Thomas, of New York, read a paper on "Acute Mania and Melancholia or Hypochondrasis as Sequelæ of Gynecological Operations." He reported six of his own cases and referred to twenty-two others in which this accident happened. From

the discussion it appeared that these cases were more numerous than Dr. Thomas had supposed, as comparatively few of them had been reported. Dr. Polk said he preferred not to operate on women who beforehand showed any abnormal mental action as he had had the misfortune to attend three of these unfortunate people who had developed maniacal symptoms after being operated upon, all of whom died. I may add one to the list, a woman who had shown symptoms of mental derangement which was aggravated at every menstrual period and which I thought might in some way be due to the ovaries. After their removal, however, the mental condition became rapidly worse until she died about a month afterwards.

Dr. Joseph Price, physician in charge of the Preston Retreat, recently reported to the Philadelphia Obstetrical Society the summary of last year's work. There were 184 deliveries with no maternal deaths. Of these, 13 were forceps cases. Labor was induced in 2 cases. He took occasion to state that during the last five years there had been 540 women delivered without a single mother's death.

"The routine treatment of patients is as follows: The patient, on entering the house, is given a hot soap bath, dressed in clean underclothing, and given a clean bed in the waiting ward. If necessary, a laxative is given, and the bowels kept soluble during her waiting period. Thereafter, until her confinement, she is obliged to take at least two hot soap baths per week, and to wear clean clothes. She is allowed to do such light work about the house as the physician may deem advisable, and is encouraged to take as much open-air exercise as circumstances will permit. When ready for the delivery room, the patient is again given a hot soap bath and an enema, and a vaginal injection of 1 to 2000 bichloride of mercury solution. She is clothed in clean night-robe and drawers, and placed upon a new, clean delivery-bed. Scrupulous cleanliness is observed in all manipulations of the patient, and after delivery a second vaginal injection is given, and a vaginal suppository of idioform is introduced. The patient's person is carefully cleaned, all soiled clothing is removed, the binder applied, a clean set of night-clothes put on, and the patient placed in a new clean bed in the ward."

OUR LONDON LETTER.

(*From our own Correspondent.*)

Dear Editors,—

Since my last letter there are several items of interest to chronicle. I shall begin with the question of medical discipline for the punishment of offences against professional etiquette. To the existence of these the medical profession has lately been devoting a great deal of attention, and, I might add, none too soon. But, in order to more clearly explain the situation, I must premise by saying what your readers probably already know, for I see that you have frequently noticed it in your editorial columns, the profession here is terribly crowded, so that for the rank and file the struggle for existence during the last five years has been growing keener and keener. At first the grand army of unemployed medical men, many of whom had little hope of ever obtaining a practice, secretly resorted to all kinds of petty dodges, not to make a fortune, but to earn the bare necessaries of life. As the supply became far greater than the demand, the selling price of the article rapidly fell, until now the professional visit of a highly educated physician is valued at an average of a shilling, and even that average is declining. Not only is the remuneration for services rendered becoming smaller, owing to competition among the crowds of new medical men which the licensing bodies are yearly launching on the profession, but the sources of even their small revenue is becoming narrowed by the unfair competition of the too numerous hospitals, to which flock

thousands of people who could well afford to pay half a crown for advice and medicine. The wealthy consult the hospital staff at their offices; the middle class consult them at the hospital, while the very poor, who have a horror of the hospital, go to the ordinary general practitioner, but pay him little or nothing. He cannot get big fees, and he cannot live on nothing, so he is forced to take what little ones he can get. Your readers may be surprised to learn that ten and six, or about two dollars and a half, is considered a fair fee for a confinement among the working people.

Lately a movement is being made among hospital authorities to compete with the general practitioner for the workingman's practice, by issuing tickets to the latter good for one week's hospital treatment and medicine for the sum of all the way from a penny to a shilling. Dear knows how it will end.

A bill has been prepared authorizing all licensing bodies to examine into the professional conduct of any of their licentates, and in cases of serious breaches of professional etiquette to suspend their license for a longer or shorter period, according to the offence. This method has been adopted by the Board of Trade for maintaining efficiency among masters and mates of vessels, among whom any direliction of duty is followed by the suspension of their certificate for a month or for several years.

It has long been the reproach of London, as a centre of medical education, that while the amount of clinical material was enormous, the arrangements for making use of it were so bad that graduates for the country or the colonies could do better elsewhere in the same amount of time. Everything was going on in two dozen different hospitals at the same hour, and generally on the same days, about 2 till 4, while all the morning, from 8 till 2, and all the evening, from 4 till 6, was lost. In Berlin, the teaching being under the control of the Central Government, it was so arranged as to best suit the time of the student. There, for instance, the just graduated can rise at 6 every morning and put in every hour of the day until 10 at night to advantage, the different lectures and demonstrations coming on one after the other, just allowing time between for the walk from one hospital to the next. But here, each hospital running on its own hook, no regard whatever was had for the convenience of the student. Latterly the defect has been remedied, a polyclinic having been organized after the model of the New York and Philadelphia institutions, so that many of the foreign students who have been flocking to Berlin and Vienna will find it to their advantage to remain in London.

As armed burglars here are now (when caught) being punished with the lash, some scrupulous surgeon writes as follows in the *Hospital Gazette*, 20th April:—

Recent advances in the science of bacteriology impose upon us the duty of calling the attention of the authorities to the necessity for keeping their punitive weapons in an asceptic condition. If a lash which is still reeking with the decomposing blood of a previous criminal, be applied to the (soon to be broken) skin of the culprit, erysipelas, tetanus, and a variety of complications, not contemplated by the law, await the victim of public resentment. We would suggest that all whips and other instruments of judicial torture be kept in a harmless antiseptic solution, and taken out only when required for use. If exception be taken to this precaution as an unnecessary refinement we would suggest that the first few burglars condemned to the lash might be experimented on with a "cat" steeped in cultivations of the *charbon* bacillus, or that of erysipelas, and the result reported to the House.

Sir Henry Thompson is at work as hard as ever on his pet theme. He has just received from Sir James Naesmyth the sum of £500 as a contribution to the funds of the Cremation Society, which seeks, on the

grounds of public utility, to promote this reform of our method of burial.

In this connection we may notice that the remains of the fourth Marquis of Ely were cremated at the crematorium of the Cremation Society, St. John's, Woking, on Saturday last. The marquis had specially provided in his will that his remains should be disposed of in this way. He died at Nice on the 3rd April. The crematorium at Milan not being readily available, the body was brought to England. A funeral service was held in Christ Church, Woking. The ashes, after the remains had been cremated, were placed in a Doulton jar and enclosed in an oaken casket.

The operation of trephining for traumatic epilepsy has been followed by some brilliant results, and there can be no question as to the justifiable nature of the procedure. The knowledge of the topography of the brain, which has been brought within the reach of practical surgeons by the valuable researches of Ferrier and others, has made it a comparatively easy matter to localize the exact seat of lesion in some, at least, of the cases of traumatic epilepsy. The patient, conscious of the coming nerve storm, is often able to refer the onset to a certain part of a limb. This affords a valuable clue to the situation of the spot in the brain the nutrition of which is at fault. The consideration of these cases is always most interesting, and surgeons may well be proud of the success which has followed so important a procedure. M. Péan, of the St. Louis Hospital, in Paris, has just recorded an interesting case of epilepsy cured by the application of the trephine. The patient was suffering from slight epileptic seizures, the right side being mainly affected, and the lower limb more than the upper. During the intervals between the attacks, there was some paresis of the right leg. The diagnosis was made of a cerebral tumor, and its localization determined. The trephine was applied, and a fibro-lipoma was found attached to the pia mater. The growth was removed forthwith, but for some days after the operation the convulsive fits continued. Subsequently, however, they entirely ceased, and the patient became quite convalescent.

Sir Andrew Clark has been re-elected President of the Royal College of Physicians.

Dr. C. Z. B. Williams died recently. He has been known througout the world during the last quarter of a century as a great authority in diseases of the chest.

But I fear my letter is becoming unduly long, so I will close.

Yours truly,

TYRO.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, April 19th, 1889.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Lafleur exhibited a specimen of cirrhosed liver and fatty heart from a case of gangrene succeeding operating. As the patient had complained of angina pectoris the heart was carefully examined and the left coronary artery was found to be completely closed owing to atheromatous disease. Although the right coronary was open and there were anastomoses with the left, still the left ventricle was in a state of marked fatty degeneration, showing that it was badly nourished. The right ventricle was also flabby and dilated. The lungs were œdematous and the spleen was enlarged.

Dr. Bell gave a short sketch of the patient's clinical history. He was a man of 62 years of age and had always been a large consumer of alcohol. While employed in the C.P.R. Railway he sustained a compound fracture of his leg, which was followed by gangrene, necessitating amputation below the knee. He recovered from this without other mishap than a slight sloughing of the flap. Three weeks after the operation he showed some symptoms of angina pectoris, from which, however, he recovered, and he left the hospital and remained well for two months, at the end of which time he returned with sloughing of three inches of the stump. The femoral artery was found to be blocked. It was while lying in bed that he was seized with anginal pains, which lasted twenty-four hours.

Dr. George Ross pointed out that the attack had come on while he was lying quietly in bed,

contrary to the rule, as the pain generally follows some heavy exertion.

Dr. F. W. Campbell remembered that the first *post mortem* he had ever made was on a case of angina pectoris. The patient was a whitewasher, and as long as he moved his brush horizontally he was free from the pain, but if ever he attempted to move his brush vertically an attack was sure to come on. He thought that the majority of cases were due to atheroma. He wished to ask whether the disease was common in the experience of clinicians present, as he thought that it was a disease which was frequently overlooked.

Dr. Ross replied that the disease was more common than was generally supposed. Patients were frequently treated for dyspepsia and other diseases, when in reality they were suffering from cardiac affection.

Dr. Cousins, of Ottawa, being introduced as a visitor, by the President, said that he had had four cases of angina pectoris, one of them had been treated for seven years before his death for dyspepsia. Another case was that of the principal of one of the public schools, who was suddenly taken with the most terrible pain he had ever seen, and which nitrite of amyl and hypodermic of morphia and atropine failed to relieve. Dr. Cousins was then compelled to resort to chloroform, which he administered with considerable trepidation, but with the result of affording immediate relief. The patient had another attack next day, which was speedily relieved by the same anaesthetic. Dr. Cousins wished to know whether it was considered safe to use chloroform in such cases?

Dr. F. W. Campbell said that he had heard that if the patient could be induced to draw one full breath that he would experience immediate relief.

Dr. Stewart said that Dr. Balfour, of Edinburgh, held the view, which was not, however, generally accepted by the profession, that chloroform was a cardiac tonic and, therefore, suitable in such cases.

Dr. George Ross stated that, as a rule, nitrite of amyl afforded relief with marvellous rapidity, although in some cases it failed entirely.

Dr. Shepherd, referring to a statement by Dr. Lafleur that it was rare to find a clot in the left ventricle, as in this case, stated that he had several times in the dissecting room seen not only a clot in the left ventricle, but the whole arterial system filled with clot.

Dr. Lafleur then exhibited a specimen of primary cancer of the liver with secondary deposits at the base of the brain, in the cervical glands and slightly in the spleen. It was of the soft encephaloid variety, causing large nodules all over the liver, the centre of which nodules had softened and broken down. Drs. Wilkins and Blackader had treated this man for trifacial neuralgia of the right side. It was difficult to assign a cause for this before death, but at the *post mortem* it was easily explained by the cancerous deposit at the roots of the trifacial nerve.

Drs. Hutchison and Bell wanted to know what reason Dr. Lafleur had for saying that it was primarily in the liver rather than in the brain or of the whole system?

Dr. Finley inquired whether there was any anaesthesia?

Dr. Lafleur replied that there had not been any anaesthesia.

Dr. Finley exhibited a lung which appeared to have been the seat of a large abscess cavity which was in connection with the subdiaphragmatic space. He was unable to say whether it was an abscess of the lung which had broken through the diaphragm, or a subdiaphragmatic abscess which had made its way through the diaphragm and lung in order to escape through the bronchial tubes, or whether it was an empyema which had pointed in both directions.

Dr Stewart related the history of the case, which was characterized by fever, expectoration of pus, and hemoptysis.

Dr. George Ross dwelt especially on the fact that there was spitting of blood which, he said, was not usual in empyema. He thought that the blood came from the opening of blood vessels in the course of the ulcerative process by which the pus made its way to the exterior.

Dr. Wilkins related a similar case which had come under his observation, and which he had diagnosed as subdiaphragmatic abscess. In this case the pus had eaten its way through the lung into the bronchus. He had called Dr. Shepherd in to open this abscess, and the latter had removed one hundred and twenty ounces of pus.

Dr. Shepherd said that in the case referred to by Dr. Wilkins the liver was pushed down beyond reach by the pus.

Dr. Roddick suggested the possibility of cancer of the lung just shown to the society.

Dr. Armstrong could not make out why a subdiaphragmatic abscess should burrow upwards, contrary to the laws of gravity; he had often seen them burrow downwards.

Dr. Shepherd stated that the usual place for empyema to point was just below the nipple, because there was less resistance there in the way of muscle.

Dr. Finley showed a specimen of purulent pericarditis or pyocarditis.

Dr. Shepherd said that the patient was admitted moribund with symptoms of empyema pressing on the heart. He removed a large quantity of pus from the left pleura, and would have also removed the fluid from the pericardium had the man not been in *articulo mortis*.

Dr. Finley also showed a fine specimen of of trichinosis of the larynx, which he had accidentally discovered in a patient who had died of uraemic convulsions. The trichinæ could

be seen encysted all over the root of the tongue.

Dr. Campbell asked whether the condition had been suspected from a knowledge of the previous history, as many years ago there had been an outbreak of trichinosis in Montreal, and it would have been interesting to know whether this had been one of the patients who had recovered from the disease.

He also showed the stomach of a woman who had died of haematemamsis, caused by ulceration of the stomach. She was a dissipated drunkard, and had evidently suffered from ulceration of the stomach before, as there were cicatrices of old ulcers to be seen.

Owing to the lateness of the hour Dr. Armstrong's paper on intubation was held over till next meeting.

Stated Meeting, May 3rd, 1889.

Wm. Gardner, M.D., President, in the Chair.

Dr. N. C. McGannon, of Brockville, was elected a member.

Dr. Williams, a newly-elected member, was introduced to the Society, as was also Dr. Wales of Sawyerville

The President showed an ovarian tumor which he had removed that day. It was composed of several cysts, one of which was dermoid containing hair and teeth, and the others contained papillomatous growth. The patient had been tapped several times before coming under his care, and there were in consequence parietal adhesions at the site of the punctures. The trocar had also passed through the papillomatous growths. There was a curious cyst as large as a turkey's egg, hanging by a slender pedicle from the main tumor. Dr. Gardner stated that this case illustrated the dangers of tapping abdominal tumors. First there was the danger of hemorrhage in case that the trocar passes through a soft and vascular growth. Second, there were the inevitable adhesions which were sure to render operative interference more difficult. And lastly the growth might happen to be a papilloma, in which case a few of the papillomatous cells might escape onto the peritoneum and rapidly infect the whole abdominal cavity, a very serious calamity.

Dr. Lapthorn Smith inquired as to the prognosis of the case, his reason for doing so being that he had seen Olshausen, of Berlin, open a woman, but on finding that she had papilloma of the peritoneum resulting from the bursting of a papilloma of the ovary he declined to proceed with the operation and merely removed the liquid, saying that the prognosis was as bad as it could be.

Dr. Hingston said that he had had one such case, and although he had been advised by a distinguished operator who was present to scrape off the papillomatous buds from the peritoneum, he decided not to do so, and the patient lived in comparative comfort for some eight years by the aid of occasional tappings. At the end of that time a bolder operator undertook to do what he had feared to attempt and the patient died under it.

Dr. Gardner said that as the pedicle was very favorable and as there was no evidence that the peritoneum had been infected in this case, the prognosis he thought was favorable.

Dr. Hingston exhibited an enormous fibroid polypus of the naso-pharanx five inches long by three broad, and weighing five ounces. He pointed out that there were three different ways of proceeding in such cases: First, making an incision along the base of the nose and turning up the flap; second, separating the hard and soft palate; and third, removing the superior maxilla. He had intended to operate by one of these methods when a visiting surgeon told him that Gross had succeeded in detaching these tumors by means of the fingers without any cutting. He therefore dilated the nostril by means of his little finger and then introduced one index into the nostril and the other into the mouth, and after an hour and a half's hard work, during which the patient lost a great deal of blood, he succeeded in detaching it. As patients undergoing this operation do not bear an anæsthetic well he did not employ any in this case. He at first coaxed the patient to bear the pain and when coaxing failed he frightened him into bearing it. On a former occasion he had operated while the patient was standing on his head so as to keep the blood out of his larynx, but in this case he had sat on a chair.

Dr. Major said that this was by far the largest polypus he had ever seen, although he had seen the specimen of Dr. Lincoln of New York. He himself had had one case as large as a hen's egg. He attempted to do the operation under anæsthesia, but it was so badly borne that he had to complete it without any. He used his fingers as Dr. Hingston had described. Fibroids of the phaynx are very rare although fibroid mixomos are quite common.

Dr. Finley showed the kidneys in a state of acute parenchymatous nephritis taken from a patient who had poisoned herself with carbolic acid.

Dr. Armstrong then read a paper on intubation versus tracheotomy. After a few introductory remarks he said that the insertion of a tube through the mouth into the larynx for the relief of laryngeal stenosis is a new operation. Dr. O'Dwyer began his experiments in 1880, but the results were only given to the profession in a paper which appeared in 1885. Dusault in 1801 catheterized the trachea, and Bouchet of Paris in 1858 first intubated the larynx for obstruction and proposed the operation as a substitute for tracheotomy. His proposal was adversely reported upon by a committee of which the great Trousseau was chairman. He alluded

to the fact that although the mucus membrane of the larynx and trachea is continuous with that of the pharynx the epithelium changes. In the pharynx and on the upper half of the epiglottis and posterior wall of larynx, as low down as the vocal cords, squamous epithelium is found, and the diphtherited membrane is infiltrated into the mucus membrane. But in the larynx and trachea the epithelium is of the columnar variety, and the pseudo membrane does not infiltrate it but simply lies upon it. This fact might be of importance in discussing the vexed question of the unity or plurality of membranous crop and diphtheretic laryngites.

Dr. Armstrong said he had used the intubation tubes in ten cases—all children—and in all but one pseudo-membrane had been seen in some part of the pharynx—before, at the time of the operation or after. The symptoms in all were those of acute suffocation from laryngeal stenosis, restlessness, the typical respiratory and expiratory stridor, marked depression at the epigastrium, livid countenance and blue lips, rapid and feeble pulse. In all if not relieved at once death, in his opinion, must have ensued. The insertion of the tube gave as great ease as would have followed tracheotomy—the patients becoming quiet and easy. In one case membrane was pushed ahead of the tube, but on the tube being removed and re-inserted the passage was clear. In one case the tube required removal on account of becoming filled with pseudo-membrane. Four or 40 per cent. of the cases recovered. In two of the successful cases the tube was coughed up on the third day, and in two it was removed respectively on the fourth and fifth days. The advantages claimed for this operation are 1st, no anesthetic required: 2nd, has less of the horrors of an operation, and the consent of patients is more easily obtained than for tracheotomy; 3rd, the subsequent attendance is less irksome, all the cases were in the houses of the poor, the mother doing the nursing and the housework, assisted in the former by some kind neighbor; 4th, the mucus does not dry in the tube and diminish its capacity, as in tracheotomy—the air enters by the nose and is warmed and filtered by return, and thus less chance of bronchitis and pneumonia; 5th, the tube need only be left in four or five days, and there is on its removal no gaping wound to fill; 6th, intubation does not require a skilled assistant, no small matter in the country, and even in cities where help cannot always be had at short notice; 7th, it does not interfere with the subsequent performance of tracheotomy, if thought best; 8th, and lastly, Dr. Armstrong believed the percentage of recoveries is greater in intubation than after tracheotomy. He had operated for tracheotomy 20 times with 4 recoveries. In ten intubations four recovered. He then went into the question of statistics as regards the two operations, and thus notes the objections:

1st. A piece of membrane may be pushed ahead of the tube, thus blocking its lower end and obstructing the entrance of air as well as its exit, which same objection applies to the introduction of the tracheotomy tube.

2nd. The tube may be obstructed by membrane passing into it, but this seldom occurs, the tube generally remains clear, while the tracheotomy tube is continually becoming choked, necessitating its frequent removal and cleaning.

3rd. Food may pass down the tube, and thus set up pulmonary complications. This seems one of the strong objections to intubation. In the last eight of his cases the children were fed by enema of peptonised milk for the first three days, only allowing the child to suck ice in the mouth.

4th. The tube may slip into the trachea. This is not likely to occur if a sufficiently large tube is used. The large head is a protection against accident. The tube is sometimes coughed up—not generally however till its re-introduction is not necessary.

5th. The tube may become displaced. If it does it is generally soon after its introduction, so that if the physician waits a reasonable time after its introduction this danger is slight.

Dr. Armstrong expressed himself pleased with his use of O'Dwyer's tubes, and concluded by saying, "if the percentage of recoveries is found after a larger trial to equal tracheotomy I think it preferable to tracheology in private practice."

Discussion.—Dr. Bell said that he had had no experience whatever with intubation, but he had had a very large and disastrous experience with tracheotomy. In fact he looked upon tracheotomy as the most unsatisfactory operation in surgery. Out of over sixty operations he had had only ten per cent. of success. He supposed that as they were all hospital cases this had made his statistica worse than those of other operators.

Trousseau had had 30 per cent. of successes, while the Germans claim that there should always be 33 per cent of successes. It was admitted by all that the operation should be done early, but this he had never been allowed to do. He knew that many cases in which he had strongly urged the operation and had been refused the child had recovered, while he felt sure that in many cases in which the child died it might have lived if it had not been operated upon. Still he did not think that intubation would ever displace tracheotomy. There was one objection to intubation which Dr. Armstrong had not mentioned at all—the danger of ulceration of the larynx and consequent stenosis.

Dr. Wilkins knew of a case in which he and his colleagues had told the parents that unless the child was operated on it would surely die;

the operation was refused and yet the child recovered.

Dr. Major stated that nothing could be proved by statistics unless you could compare precisely similar conditions, which was impossible in the case under discussion. Here you have every variety of operator and circumstances surrounding, and besides you have the varieties of the disease. There was one special advantage of intubation and that was that the air passed through a warm moist tube before entering the lungs, as many of the deaths after tracheotomy were due to lung complications owing to the air passing directly into the lungs through the short tracheotomy tube. He had had 27 intubations with 10 recoveries. The first four recovered and the next four died. One of the disadvantages of intubation, namely, the food getting into the lungs, could best be prevented by feeding the patient by means of an œsophageal tube and funnel. In one of the cases which he had intubated the tube had gone into the gullet, but when he found it being swallowed he promptly pulled it up and re-inserted it. He might add that in the eighteen cases of tracheotomy for conditions other than diphtheria and croup all had recovered.

Dr. England stated that three of Dr. Armstrong's cases were patients of his and he could testify to the hopelessness of them before intubation, and also to the utter unfavorableness of the surroundings, the families being exceedingly poor, and having no means of obtaining proper nursing, and yet two of them recovered. The third died of diphtheria twenty-four hours after intubation.

Dr. Hingston said that statistics were very fallacious.

Dr. McConnell stated that four of Dr. Armstrong's cases had been in his practice. Two recovered and two died. In his opinion there was no comparison between tracheotomy and intubation, the latter being the preferable operation. It should be remembered that neither operation had the slightest effect on the course of the disease. So that the two operations need be considered only as means of overcoming mechanical obstruction at the glottis.

This was effectually accomplished by intubation. If the patient dies it dies from the disease and not from suffocation. As far as the treatment of the disease was concerned, as it was primarily a local affection it could be treated by means of atomized medicines, while the feeding could be managed as it was in one of his cases by injecting the food into the back of the pharynx while the child was lying on its side.

Dr. F. W. Campbell said he had had just two cases of tracheotomy, and just two deaths, so that his experience, while limited, was very unfavorable as far as it went. It seemed to him that intubation had good prospects of replacing tracheotomy in certain cases.

Fortieth annual meeting of the American Medical Association, to be held at Newport, R. I., June 25th.

In a private letter received by the Editor of this journal from Dr. H. R. Storer, chairman of the committee of arrangements, he says: "For myself and for the committee whom I have the honor to represent, I can only say that the larger the delegation from the profession across the border the more we shall all be gratified. For myself, among the honors I have always especially prized, was my election as an honorary member of the Canadian Medical Association many years ago, and among my friendships in this country that have been most cordial, quite a number have been with Canadian medical men."

In view of such good feeling and the promise of a hearty welcome being extended to them, we trust that a considerable number of the Canadian profession will find it convenient to attend. Newport is the queen of American watering places, and is less than a day's journey from almost any part of Eastern Canada or the Maritime Provinces. The meeting promises to be a very successful one. In a private letter from Dr. Joseph Price, of Philadelphia, this talented operator says, "The discussion on abdominal surgery at the Newport meeting will be the most complete and interesting that has ever taken place on this continent."

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The Twenty-Second Annual Meeting of the Canadian Medical Association will be held at Banff, N.W.T., on the 12th, 13th and 14th of August next.

The Canadian Pacific Railway Company has agreed to carry members and delegates with their wives or members of their families at the following rates: From points in Ontario or Quebec to Banff and return at $95.00 each, including a double berth in sleeping car for each person, and meals in the dining cars on the way West from Montreal or Toronto and back, and four days living at the Hotel.

The passage tickets will be made good from and to any points on the Canadian Pacific Railway, in Ontario or Quebec, to Montreal or Toronto, but berths and meals will begin at these two places only.

From other points in the Dominion the rates will be as follows: From Halifax to Banff and return, $110.00; from St. John, N, B. to Banff and return, $100.00, but the tickets from these points will not include sleeping car accommodations nor meals East of Montreal in either direction.

From Port Arthur to Banff and return the rate will be $60.00; from Winnipeg or Brandon $50.00; from Regina $35.00, including meals and berths from all these points.

From Calgarry the rate will be $4.50 without meals or berths. From Victoria or Vancouver to

Banff and return, including meals in dining car and double berth in both directions, $30.00, exclusive of hotel accommodation at Banff, or $40.00 including four days hotel accommodation at Banff.

Owing to the provisions of the Interstate Commerce Law, it will be impossible to get reduced rates from points in the United States, with the exception of St. Paul, Min., from which place the following rate is offered: $60.00 to Banff and return, including meals and sleeping car accommodation between Winnipeg and Banff only. Delegates from the United States are therefore requested to make their own arrangements between their homes and Montreal, Toronto, St. Thomas or other points on the Canadian Pacific Railway.

An effort is also being made to secure special rates from Liverpool to Montreal by the Canadian steamship lines for transatlantic delegates.

It is intended that the party shall leave Montreal on the evening of the 6th of August, by the regular Pacific express, and arrive in Winnipeg on the 9th, and stop over one day there; leaving Winnipeg on the 10th of August they will arrive at Banff early on the morning of Monday, August 12th. The meetings of the Association will then be held in the hotel (accommodation being provided by the Canadian Pacific Railway Company) on the 12th, 13th and 14th, after which the members of the party can either return at their convenience or take a trip to the Coast, leaving early the following morning (August 16th), for which special terms have been arranged as follows: From Banff to Victoria and return, not including meals or berths, $20.00, or $30.00 including meals in the dining car and berths. The tickets for this excursion will be on sale at Banff to members and delegates and their families only.

The special tickets issued by the Canadian Pacific Railway to Banff and return will be good for 60 days, and the holders will be allowed stop-over privileges on the Canadian Pacific line in either direction at pleasure. They will also be exchangeable at Port Arthur and Owen Sound, so as to enable members to travel in either direction by steamer between these points. Meal and berth coupons will be issued in connection with these tickets and will be available as part payment of the expense of any who wish to make additional stops and spend longer time on the line. It is considered desirable, however, by the Executive Officers of the Association, that as far as possible, the party should travel together by the all-rail route as far as Banff, so that all may be present at the opening of the meeting,

In addition to the members of the Canadian Medical Assscіation, to whom this circular is specially addressed, a cordial invitation is hereby extended to all members of the regular profession in good standing in the Dominion of Canada, the United States and Great Britain, to whom the necessary certificates will be sent on application to the Secretary.

Members and delegates are requested to notify the Secretary of the points on the Canadian Pacific Railway from which they intend to start at a sufficiently early date to enable the Railway Company to forward special tickets to the aforesaid points.

It will also be necessary to present a certificate from the General or Provincial Secretary to enable Members or Delegates to secure the above-mentioned special tickets.

Members who intend to present papers at this meeting are requested to inform the Secretary at as early a date as possible of the subjects which they propose to bring forward.

Progress of Science.

CIRRHOSIS OF THE LIVER.

According to the "*Lancet*," "Lancereaux treated alcoholic cirrhosis of the liver with iodide of potassium. The iodide is least useful in the hypertrophic forms and when persistent jaundice or perihepatitis obtains. Improvement may be observed in a fortnight, the urine being increased and the ascites diminished; at the same time the venous enlargement of the parietes and the swelling of the spleen tend to subside, and the patient gains weight and strength as the digestion improves. The dose should be an ordinary one, and the treatment kept up for some weeks or even months. Alcohol must be avoided, and a milk diet enjoined; cutaneous frictions are beneficial."—*Med. Herald.*

THE CYSTOSCOPE IN PRACTICAL SURGERY.

It is the fate of most instruments with any pretentions to novelty to be looked upon for some time as scientific toys. The cystoscope, an instrument allowing one to peer into the recondite corners of the bladder, has, however, rapidly developed into something more than a curiosity in the hands of Mr. Hurry Fenwick, who seems to be budding forth into a specialist of a novel genus, that of a "cystoscopist." Surgeons may be deterred by the dexterity required to manipulate this instrument with any chance of success, but vesical patients will certainly appreciate the advantage of having the condition of their bladders made known without the necessity for an exploratory incision, small as may be the risk attending this routine operation. There can be no doubt that surgeons will be called upon to avail themselves of the facilities thus afforded in the future.—*Hospital Gazette.*

FOR DYSMENORRHŒA.

Dr. J. Shaw recommends a mixture of belladonna and hyoscyamus forthe relief of dysmenorrhœa. It is particularly in the so-called neuralgic or spasmodic form of the affection that this mixture seems to afford the greatest amount of relief.—*Lancet.*

ANTISEPTIC SPONGES.

For gynæcological operations.—The sponges are placed for 2 hours in a solution composed of corrosive sublimate 1·0, carbolic acid 5·0, alcohol 60·0, water 500·0; after expression they are allowed to dry in the air and may be impregnated with one of the following solutions: I. Boric acid 15·0, boiled water 500. II. Tannin 30, boiled water 500·0. III. Solution ferric chloride 40·0, boiled water 500·0.—*Pharm. Centralb,.* 1888, 558.

THE CONTAGIOUSNESS OF ALOPECIA.

The committee appointed by the Academy of Medicine in Paris, to consider the question of the contagiousness of alopecia areata, has just rendered its report. The rules enjoined upon those afflicted with this disease in the public schools, etc., could hardly be more rigorous if it were scabies which ailed the children, and indicate the conviction in the minds of the committee that this disease is contagious.—*Philadelphia Medical Times.*

DIFFERENTIAL DIAGNOSIS OF TUBERCULOSIS AND TYPHOID FEVER

The great difficulty which often exists in making the diagnosis between enteric fever and tubercular disease is well known. Dr. D. W. Finlay has again called attention to the assistance which may occasionally be obtained from the inversion of the temperature curve. Fever with marked evening remissions and morning exacerbations ought to suggest tuberculosis. It would not be safe to go further than this and say with Dr. Finlay, that it indicates tuberculosis.—Dawson, *Medical Times.*

THE REMOVAL OF WARTS BY CARBOLIC ACID.

Prof. B. Frankel, in the *Wiener Medizinische Presse,* Oct., 1888, recommends the following method for the removal of warts: The skin surrounding the wart should be covered with cotton and thus protected. Then by means of a glass rod apply the liquid carbolic acid to the wart and allow it to dry. No pain is perceptible. In the course of two or three days a part of the wart will fall off. Renew the application until all has been removed.—*Med. News.*

FOR BILLIOUSNESS.

℞.—Pulveris ipecacuanhæ gr. iij.
Massæ hydrargyri gr. viij.
Extracti colocynthidis compositæ gr. xvj.
Misce et divide in pilulæ, No. viii.
Sig.—Take one pill night and morning.
—*Med. Bulletin.*

BINIODIDE OF MERCURY AS AN ANTISEPTIC.

Dr. Rogee-Saint Jean-d'Angely states that biniodide of mercury is not irritant to wounds and a more powerful antiseptic than carbolic acid. It has no odor and an alcoholic solution 1 : 300 is soluble in all proportions in warm water. Lister's dressing is expensive and not adapted for use in armies. Since 1885 the author has employed exclusively the biniodide with dressings of cotton and gauze, and in 108 operations (32 major) had only one death.—*Translated from Semaine Medical.—Sanitarian.*

TONSILITIS.

The following has been a very useful gargle in the treatment of tonsilitis, and is highly recommended by Dr. John Aulde:

℞.—Tr. guaic. ammoniat.
Tr. cinchonæ comp. āā fʒiv.
Potass. chloras. ʒij.
Mel desp. fʒiv.
Pulv. acaciæ q. s.
Aquam. q. s. ad fʒiv.

M. Sig.—Use as a gargle, and take a teaspoonful every two hours.—*Med. Register.*

HOT INHALATIONS IN PHTHISIS.

Hot dry air inhalations in the treatment of consumption is said to produce the following effects: 1. The removal of dyspnœa. 2. Decrease of coughing spells. 3. During the inhalations, more especially within the first few days, increased expectoration; later on, a remarkable decrease of the same. 4. Increase of appetite. 5. Increase of bodily strength. 6. In most cases a complete cessation of the acute processes within a short time. 7. Removal of catarrhal symptoms. 8. Clearing up of previously infiltrated parts. 9. Disappearance of bronchi-ectasis. 10. Cicatrization of cavities.—*Med. Current.*

CONIUM AS A LOCAL ANÆSTHETIC.

Attention has been called to the value of hemlock as a local anæsthetic in painful affections of the rectum and anus, by Dr. Whitla (*Practitioner,* April). He states that he has found an ointment very useful when applied in pruritus ani, especially when associated with or caused

by hemorrhoids or fissures in the anus or lower part of the rectum. Having found the official extract of conium unreliable, Dr. Whitla prepares an ointment from the succus. This he does by evaporating two ounces of the succus slowly, at a temperature below 150° F., until reduced to one and a half or two drachms, and then triturating the syrupy residue with sufficient lanolin to make the weight up to one ounce. The product is a smooth, adhesive, stable ointment, of a light brown or dark fawn color.—*Pharmaceutical Journal.*

PROGNOSIS FROM THE RAPID FALL OF TEMPERATURE IN TYPHOID FEVER.

There are two distinct forms observable in the decline of temperature in typhoid-fever: the rapid and the gradual. A simple fall of fever must not be mistaken for a real decrease of the fever. In such cases a sudden change, which Jaccoud calls a relapse, often follows after a short interval. Only when the temperature falls gradually to 98½, the normal condition, can the patient be considered safe from a sudden relapse. When the temperature falls rapidly it must go below 98¼, 97.9, 97½ before the patient can be considered free from danger. This rule may be applied in a general way to the termination of all fevers, of erysipelas, etc.—*Jour de Med. de Paris.—Sanitarian.*

WHEN TO OPERATE IN INTESTINAL OBSTRUCTION.

Dr. Benj. Ward Richardson recommends that in the treatment of acute intestinal obstruction mild measures (purgatives, enemata, massage, etc.), might be perservered with until the supervention of fæcal vomiting, which should be taken as conclusive indication for exploring the abdominal cavity. This opinion was expressed at the Medical Society, and in the discussion, Mr. Edmund Owen pointed out that the rule would not apply to cases where the obstruction was high up, say in the jejunum, for in such cases fæcal vomiting did not occur, and both he and Mr. Bryant thought that much valuable time would be lost in waiting for stercoraceous vomiting to occur.—Dr. Dawson *Medical Times.*

STROPHANTHUS FOR EXOPHTHALMIC GOITRE.

This remedy is gradually gaining favor and now constitutes part of the standard treatment in cases of this disease. Dr. D. E. Brower, of Chicago, in the *Jour. Amer. Med. Ass'n.* has a valuable contribution founded upon three cases, in all of which recovery or satisfactory progress resulted. At first two drops were given every six hours and the dose gradually increased to ten drops, which had the effect of bringing the circulation under control. Dr. Brower does not depend upon strophanthus alone, but advises the free use of tonics and galvanism.

The writer must confess that he has not found much reason for congratulation following the use of galvanism, but it is possible, as Dr. Poole said a year ago, that galvanism is not often applied on the correct theory.—*Med. Review.*

ANTISEPTIC AND ANALGESIC COTTON FOR THE DRESSING OF WOUNDS.

Dr. Eller (*Revue gén. de Clin. et de Thérap.*, March 7, 1889) recommends the following as an analgesic and antiseptic mixture:

R.—Cocaine hydrochlorate	3	parts
Water	60	"
Boric acid	6	"
Glycerine	8	"
Carbolic acid	2	" —M.

Dissolve the cocaine in the water, and the boric acid in the glycerine; then mix these together and add the carbolic acid.

This preparation serves to render antiseptic as many ounces of cotton as ounces of water have been used. The cotton thus obtained serves as a dressing for burns.

THE SURGERY OF THE THYROID BODY.

The surgery of the thyroid body is the subject of a communication by Dr. W. H. Harsant to the *Bristol Medico-Chirurgical Journal* for December, 1888. The author is opposed to any cutting operation for simple hypertrophy unless there is serious distress or danger. He has treated a large number of cases by injections of iodine and ergotine, but in most cases the result was disappointing. In the fibrous variety incision seems to him to be the only successful method of treatment.

The writer can heartily endorse the position taken by Dr. Harsant as to the needlessness of operative interference in ordinary hypertrophy. The injection of iodine, however, has certainly been of use in a number of cases, while the East Indian method of repeated applications of the ungt. hydrarg. biniodidi has been of decided value.—*Med. Review.*

SULPHONAL IN NIGHT-SWEATS.

Dr. Bottnich, of Hagen, reports in the *Therap. Monatshefte* for March, 1889, the following remarkable action of sulphonal. He administered to a lady, eighty years of age, who had passed many sleepless nights, fifteen grains of sulphonal as a hypnotic. The lady suffered so profusely from night-sweats that she was frequently compelled to change her night-dress twice during

one night. After the administration of the first dose of sulphonal, she asked the author whether he had given her anything to prevent the sweating, so rapid was the effect.

Further investigations proved that in most cases night-sweats could be overcome by taking thirty grains of sulphonal before retiring. The author compares the action of sulphonal to that of atropin, the former, though, possessing none of the unpleasant after-effects of the latter. Although the remedy was omitted every second night, the sweating in most cases was still quite perceptibly diminished.

WHAT MEDICINES MAY BE GIVEN TO NURSING MOTHERS.

Fehling has opened an important field of inquiry, by a series of experiments, to determine what drugs may be safely given to nursing mothers. He found that salicylate of sodium was dangerous to the infant when given to the nurse in doses as large as forty-five grains daily. Iodide of potassium may be given in doses of three grains daily. Iodoform enters the system of the infant more readily through the nurse than when given to the child. Even when the wounds of the mother were dressed with iodoform, iodine was found in the child's urine. He found that mercurial salts given to the mother affect the child very slightly, if at all, and that twenty-five drops of tincture of opium (German Pharmac.) and one-tenth to three-tenths of a grain of morphia could be safely given to the mother. Chloral may be given in doses of twenty-three grains to forty-five grains. Atropine affects the child very quickly, even in small doses. He denies that salads and acids have an injurious effect on the child.—*Medical Press*, March 20, 1889.

THE ROYAL VICTORIA HOSPITAL, MONTREAL.

The drawings for the new Royal Victoria Hospital, Montreal, Canada, have been received from London. The central, or main, building consists of four blocks, the front one, on either side of the entrance hall, being devoted to the nurses' apartments, and those of the lady superintendent and matron, together with the general offices. The block behind this consists of a building, the shape of a Latin cross, devoted to the clinical department, with a separate entrance for the students. Behind this again are two other blocks, containing three theatres and the mortuary, and at the rear of these, but perfectly isolated from them, is the ice house. The wing on the left hand, or Western side, consists of three blocks, each four stories high, with, between them, small buildings containing the staircases, each ward communicating therewith by means of covered galleries. The accommodation to be provided is—surgical patients, about 90 beds; medical patients, about 180; private paying patients, about 20; total, 290 beds. Infectious hospital, about 35; total, 325.

At the rear of the buildings is the infectious hospital, conducted upon the hut system. The whole building will cost about half a million dollars.—*Boston Med. and Surg. Journal*, April 4, 1889.

PHENACETIN IN THE TREATMENT OF WHOOPING-COUGH.

Dr. R. Heimann, of Landau, reports in the *Münch. med. Wochenschrift* of March 19, 1889, some of the successes which he has obtained with phenacetin in the treatment of whooping-cough. Failing to obtain any satisfactory action from antipyrin, he resorted to phenacetin, the action of which proved to be most satisfactory. The paroxyms of coughing which, before its administration were as many as from ten to fifteen, were, after the drug had been taken, reduced to three, and after several days they disappeared altogether, returning only at night, the drug being then withheld.

To a three-year-old boy the author administered 6 grains in four doses of $1\frac{1}{2}$ grains each, to a two-year-old girl $4\frac{1}{2}$ grains in three doses, and to a nursling 3 grains in four doses of $\frac{3}{4}$ grain each; after effects were never observed, $1\frac{1}{2}$ grains of the drug sufficing to keep the paroxyms in check for three hours.

To assure himself of the efficacy of this drug, the author omitted its administration in some cases for a day, which resulted in a return of the number and severity of the paroxyms.

PAROXYSMAL SNEEZING.

The papers on paroxysmal sneezing by Drs. Sidney Ringer and William Murrell, in the *British Medical Journal* are the result of careful study. The authors include under this title "hay fever," "hay asthma" and "summer bronchitis," whether the attacks affect part or all of the respiratory tract. We would naturally expect these authors to be most thorough in the discussion of medication. They divide the remedies employed in the treatment of paroxysmal sneezing into two classes: "First, those which break up the paroxysm; and, secondly, those which by gradual action so modify the pathological condition of the mucous membrane that the predisposition to their return is removed. To the first belongs cocaine (which the authors highly recommend in the form of tabloids inserted in the nose), pungent inhalations of all kinds, but more particularly of iodine, chloroform, tobacco smoking, and nitre papers. These last, as usually prepared, are too weak to do much good. The authors recom-

mend that the nitre paper should consist of six thicknesses of blotting paper steeped in a saturated solution of nitrate of potassium and chlorate of potassium. When dry it should be sprinkled with essence of camphor, compound tincture of benzoin, tincture of sumbul, or some preparation of stramonium, and burnt in a tin cup at the bedside. Strong black coffee, taken at the onset of the paroxysm may cut it short. Hazeline locally and internally may prove of service. The second category includes the iodides, arsenic, inhalations, or the use of a spray of a 2 per cent aqueous solution of iodine, and the removal of polypi and hypertrophied nasal tissue. When the attacks are attended with itching or irritation of some particular spot or region, the local application of aconite liniment, or aconite ointment may at once give relief.—*Med. Review.*

CREASOTE IN PULMONARY PHTHISIS.

Very much has been written upon this subject lately, and one of the most valuable papers is that of Dr. Beverly Robinson in the *Amer. Jour. Med. Sci.* for January. We much doubt if all of the good things which are now said about this remedy will be remembered a year hence, yet it certainly seems to have some virtue. Dr. Robinson believes that it should be taken at first in small doses, which may be gradually increased. He prescribes three to six minims daily (given with whisky and glycerine) in half minim doses. Eichorst combines arsenic and creasote where there is excessive secretion with difficult expectoration, while Dr. Douglas Powell combines creasote with opium and finds it of great service where there is stomach and upper bowel trouble.

It cannot be too strongly insisted upon that great care should be taken in the selection of the creasote. The ordinary vile compound, a coal tar product we believe would make a well man sick, and fail to make a sick man well. The best beach wood creasote should be chosen and we believe may be given in larger doses than Dr. Robinson advises.

THE TREATMENT OF TUBERCULAR DIARRHŒA BY LACTIC ACID AND IODOFORM.

The effect of lactic acid on the diarrhœa of nursing infants is well known, while its efficacy in the tubercular ulcerations of the tongue and laryngeal disease is generally admitted. It would seem to be indicated on double grounds in the treatment of the rebellious diarrhœa of tubercular cases. Henri Huchard states in the *Revue Général de Clinique et de Thérapeutique*, Nov. 22, 1888, that he has for the last six months employed lactic acid in doses of from thirty to sixty grains daily in such cases, but that his results have been almost negative. In such cases he adds that he has frequently arrested the diarrhœa by the use of iodoform in small doses. MM. Sezary and Anne appear, however, to have been more fortunate with the use of the lactic acid, which they have administered in doses of from 30 even up to 120 grains daily. It would seem that Huchard's failures are therefore attributable to the insufficient quantity administered, for these authors claim that in all cases marked improvement was noticed on the second day, and by the fourth or fifth day the stools had become perfectly normal. They cite in support of this statement nine cases, all of which were cured by this method, and with only one exception did the symptoms return after the cessation of the treatment. It is doubtful whether we can always expect such favorable results to be obtained; the diarrhœa is so rebellious, and our means of combating it are so restricted, that any addition to our means of combating this affection must be gladly accepted. —*Therapeutic Gazette.*

A NEW AND ONLY WAY OF RAISING THE EPIGLOTTIS.

A New and Only Way of Raising the Epiglottis is the rather startling headline of a paper read before the Medical Society of London, and published in the *New York Record* of Nov. 24, 1888. The author is Dr. Benjamin Howard, who has been investigating this subject for more than twenty years. For a long time he accepted the teaching that in apnœa the epiglottis falls backward and closes the glottis, that the only way that the epiglottis can be elevated is by means of the tongue; as the tongue is brought forward the epiglottis is moved upward. Unless this is done respiration is prevented and the result is fatal. The author believes that, contrary to general belief, traction of the tongue does not and can not raise the epiglottis. After many experiments he now asserts that by sufficient extension of the head and neck the epiglottis is instantly made completely erect. In order to make complete extension of the head and neck the patient should be brought to the edge of the bed or table, one hand should be placed under the chin and the other on the vertex, and the head should be steadily but firmly carried backward and downward; the neck will share the motion which must be continued until the utmost possible extension of both head and neck are obtained. In this way the epiglottis is certainly and easily raised.

The investigations of Dr. Howard merit attention. If his method will produce the results which he claims, it will be almost as much of an addition to our resources in cases of sudden danger to life as is the now well known procedure of lowering the head in cases of threatened death during the administration of anesthetics.—*Weekly Med. Review.*

ECZEMA OF THE NAILS.

Dr. de la Harpe, *privat-docent* in the University of Geneva, mentions in the *Revue Médicale de la Suisse Romande* a somewhat rare case of eczema of the nails, which came under his notice while he was acting as medical officer at the well-known baths of Louèche, or Leuk. The patient was a man of sixty, who had been sent to Louèche by Prof. Hardy. There was no history of gout or other hereditary disease, and up to two years previously the nails had been in excellent condition. The first sign of anything wrong that was noticed was a slight redness about the ungual furrow of the ring finger of the right hand, which was at first supposed to be panaris, but instead of going on to suppuration it was followed by morbid changes in the nail itself, which soon became thickened and friable, with a roughened surface. The nails of the other fingers on both hands subsequently became affected, as shown in figures appended to the paper. When seen by Dr. de la Harpe, the affected nails were swollen, bent transversely, and marked with longitudinal striæ or grooves. Two apparently healthy nails showed fine depressed points.

Regarding the cause of these appearances, which are the first signs of the commencement of the affection in otherwise normal nails, Dr. de la Harpe remarks that he has seen a case of chronic eczema of the hand in which there were a number of longitudinal grooves on the nails, some of them interrupted—that is to say, in sections. The punctuate marks on the nails in the case in question may possibly be analogous to the interruptions noticed in this latter case. As to the treatment by means of the Louèche waters, it appears to have effected marked improvement.—*Lancet*, March 23, 1889.

A SIMPLIFIED METHOD OF THE COLD WATER TREATMENT OF FEVER.

Dr. Placzek (*Virch. Arch.*, cxv) has of late taken up this treatment, at first advocated by Preyer and Flasher, in 1884, and by Hillier in 1886, the latter having successfully used it in treating soldiers suffering from sunstroke. This treatment consists in spraying the entire body surface with water until a fall of temperature is obtained.

In an animal with high temperature, Dr. Placzek succeeded in reducing the same two degrees by spraying the body with one and a half pints of water of from 53° to 59° F. and immediately after with three ounces of 95°F. The after-spraying with water of a higher temperature dilates the capillaries and this induces a consequent loss of considerable body-heat.

Thus in a tuberculous subject whose evening temperature would at times reach 104° the author reduced the same to normal by using somewhat over one pint of water of from 59° to 66° F. The temperature was with ease kept for four hours at this standpoint and then gradually allowed to rise, but not allowed to reach its former high standing.

Compared to the ordinary method of bathing, this treatment has the advantage of simplicity and comfort, factors not to be disregarded in private practice. The patient simply remains in bed, coverings and shirt are removed, a rubber or wax-cloth laid under him, and the *modus operandi* proceeded with. As each application does not require more than twenty-five minutes, it can be repeated several times daily.—*Prager med. Wochenschrift*, March 20, 1889.

OPERATING ON UTERINE FIBROIDS.

At the meeting of the British Gynæcological Society, last week, an important discussion took place on the uterine fibroids, in the course of which Mr. Lawson Tait said he could give a melancholy example of the results of leaving uterine fibroids alone. A lady, aged 60, was sent to him from Nottingham, with an enormous soft œdematous myoma. Twelve years before she had been to consult Sir Spencer Wells, who for some reason advised that nothing should be done. The patient went on bleeding continuously, her menstruation practically never ceasing. The tumor went on increasing in size, and when she came to him on the 10th of December last it was of an enormous size. He advised immediate operation, warning, however, the patient that in her exhausted condition recovery was materially interfered with. She nevertheless eagerly requested the operation, as did her husband. He, therefore, operated, shelling it out as easily as possible, but the shock was so great that the patient never rallied from the operation, and she died about thirty-six hours after. He asserted that if the patient had been operated upon twelve years earlier, when she was fifty instead of sixty, and with ten years' less of suffering and hemorrhage, her chances of recovery would have been materially increased. As Mr. Tait can know little or nothing as to the poor woman's condition when Sir Spencer Wells advised her to have nothing done to the tumour, we think he is scarcely justified in citing the case as a "melancholy example" of the results of doing nothing. We may rest assured that Sir Spencer Wells did not give his verdict without giving due weight to the probability of the operation proving successful, but whether at that time he was right or wrong, the death of the patient from shock immediately following the operation by Mr. Tait rather points to the conclusion that it would have been as well had the case been allowed to run its course.—*Editor Hospital Gazette.*

THE OPERATING ROOM AT THE HOTEL DIEU, IN LYONS.

The new operating room at the Hotel Dieu, in Lyons, which has recently been opened for use, would appear from a lecture delivered by Prof. A. Poncet, who has charge of the teaching in operative surgery, to be one of the most completely aseptic operating rooms to be found. M. Poncet has had it constructed according to designs of his own, elaborated after a visit to many of the hospitals in England, France, Germany, Austria and Switzerland.

The two objects he set before himself were the prevention of infection by means of air or through contact. It is about thirty feet in length by twenty feet in breadth, the height being about twenty-four feet. As its situation beneath the wards rendered a skylight impossible, the light is admitted by one immense window, the eight panes of which are made to open. Artificial light, when required, is obtained from a Wenham gas-lamp, which can be lowered to within about seven feet of the ground. The walls are covered to the height of five feet with glass, forming a dado; above that with perfectly smooth stucco of a rose-gray tint. All the angles are rounded. To the walls are fixed nickelled brackets supporting shelves of plate glass, which, however, do not come within half an inch of the wall; on these shelves stand vessels containing antiseptic solutions, and ingeniously constructed metal receptacles for dressings. The ceiling is in the form of a dome, and the floor, which is of cement, slopes slightly to an aperture in the centre leading to a carefully constructed drain. The surface is channelled, and is washed down daily, also once a week with carbolized water.

The few chairs and benches are made of bronzed iron; the tables are made with glass tops and metal frames, and are provided with casters. The operating table is entirely free from the complicated mechanism frequently seen, and the top, which is of glass, is like the floor, made to slope toward the centre, where there is an aperture communicating with a drainage-tube. The mattress is covered with mackintosh, and is perforated so as to allow of drainage. When the patient requires to be propped up, pillows and cushions covered with mackintosh are used, to the entire exclusion of mechanism. Ingenious arrangements are made for the reception of the the anæthetist's and the surgeon's appliances, and a second table as provided for operations requiring the operator to stand between the patient's thighs.

The instruments, whose handles are specially made with a view to prevent any difficulty in cleaning, are all washed in glycerine at the temperature of 120°C., and then kept in carbolic solution.—*Lancet*, March 23, 1889.

CREASOTE IN LUNG AFFECTIONS OF CHILDREN.

With a few exceptions almost all observers speak well of the value of creasote in tuberculosis, and agree in saying that even if recovery is not to be hoped for, marked improvement of the chief symptoms follows its employment. All the communications hitherto published relate to adults, and Prof. Soltman, of Breslau, is the first to record his experience of the remedy in children. We have, he says, given creasote in chronic lung diseases with little or advanced destruction without considering the presence or absence of bacilli. After all due allowance is made for care in hospital, suitable nourishment, baths, good air, etc., considerable advantage is evidently derived from the administration of creasote, since cases which were not doing well began to improve unmistakably under increasing doses of creasote. He gives two to seven drops of creasote a day—*i.e.*, from one to six grains, while adults were ordered from four to eight, or even twelve grains daily by Sommerbrodt.

Soltmann's prescription is this:

R.—Creasote	guttæ 4-14
Sp. æther	vj-xij
Aq. dest.	℥j℥vj
Sacch. alb.	ʒiiss

A teaspoonful every two hours.

It merits especial mention that the creasote was well borne by all the children. Stomach-ache, nausea, vomiting, diarrhœa, inconveniences which often render treatment by creasote impossible in adults, never occurred. Even in high fever, which by all authors is spoken of as a contra-indication, the creasote was taken without disadvantage. That the large doses helped to give the good results is probable from Guttman's experiments on the antiseptic power of creasote on many microörganisms. Very remarkable in many cases was the increase of appetite and gain in body-weight, the diminution of cough and expectoration, and the gradual disappearance of pathological lung-symptoms. He concludes that creasote exerts in chronic lung-disease with suspicion of tuberculosis a markedly favorable influence, especially in cases where there is not much destruction of lung or other severe complication, and where there is not too much high fever, the general strength being relatively good.—*London Medical Recorder*, March 20, 1889.

TREATMENT OF LOCOMOTOR ATAXIA BY SUSPENSION.

It is interesting to note that Motchoukowsky's method of treating locomotor ataxia by suspension of the patient with bands passing under the chin and occiput and under the arms—the method described in the *Reporter* Febuary 23—has been on trial in the nervous clinic of Pro-

fessors Eulenburg and Mendel, in Berlin. The results obtained by these distinguished specialists in nervous diseases are stated by the *Berliner klin. Wochenschrift*, February 25, 1889, to be in entire agreement with those we have referred to from Charcot's clinic. The patients are at first suspended for one minute, and gradually the time is lengthened until the limit of three minutes is reached, the suspension being practised three times a week. About twenty patients have thus far been subjected to the treatment in the polyclinic in Berlin, and the distrust with which it was first regarded has given way, until now the patients look forward to it with eagerness and steadily growing confidence. Too short a time has elapsed to speak of cures or even of undoubted improvements, nevertheless they say it can be stated that a certain number of patients exhibit after the suspension an easier and freer gait, have less staggering, and complain less of lancinating pains; in a few cases there has been also improvement in the bladder symptoms. Moreover, in their experience up to the present time the treatment has been free from bad symptoms, and is evidently well borne by women.

They are careful, however, to add that the actual value of the treatment is still in doubt, and that physicians should be warned against forming precipitate and exaggerated hopes of it. This last statement obtains support from the experience of the treatment which has been had in the Infirmary for Nervous Diseases in Philadelphia. Fourteen patients have thus far been subjected to the treatment in that institution. As a rule the suspension has been well borne, but care is required to have the pressure equable—not more in the neck than in the armpits. Patients after the suspension is over are found to be unsteady when first let down, so that they are not released for a minute or so. The only unpleasant effect observed occurred in a patient who fainted during suspension, and had convulsive movements; he recovered, however, in a few minutes after being let down. While it is as yet too early to speak of the results obtained at the Infirmary, it is significant that there has not been in any case marked improvement.—Edit. *Med. and Surg. Reporter.*

THE THERAPEUTIC USE OF BORIC ACID.

By Dr. Lebovicz, in Weiner Med. Presse.

1. Boric acid is antiseptic. Every soldier should constantly carry an ounce of it with him; a handkerchief cut in two three-cornered parts could serve as a bandage. This would be the simplest and cheapest dressing. It is sufficient to cover the wound with finely pulverized boric acid to keep it in an aseptic condition. Boric acid has no odor, but it removes all odors. Lebovicz applied it to periarticular abscesses, ulcers of the leg, caries and necrosis of bones and complicated fractures, with very good results.

2. In anthrax and furuncles. When the furuncle is forming, the red and inflamed part is frequently bathed in the following solution: R, Ac. borici, aq. distill. āā 20.0.

3. In burns. In burns of the second degree, when the corium is exposed, great caution must be exercised in the use of poisonous antiseptics. Boric acid has the advantage of not being poisonous. The burnt parts should be covered with borated vaseline ointment, spread on linen (1-5). R. Ac. borici subtiliss. pulv. 20.0, glycerini 15.0. Misce et adde vaselini 85.0. The dressing should be removed once or twice daily. This dressing can even be recommended in very extensive burns; but in very extensive and very deep burns we must not expect too much of it. In cases of fever due to burns, it was always possible to combat it by the daily internal administration of 4.0 (℥i) of boric acid. R. Ac. borici 4.0, glycerini 10.0, aq. destill 100.0, syr. diacod. 25.0. A tablespoonful every two hours.

4. In skin diseases. In pemphigus, eczema, shagades, rupia, scabies, Lebovicz saw excellent results from the use of boric acid. He applied: R. Ac. borici subtiliss. pulv. 10.0, glycerini 20.0, lanolini 30.0. M. f. ung. The treatment of scabies began with a full bath, then the borated vaseline ointment (1:2, later, equal parts) was thoroughly applied over the affected parts; the itching disappeared immediately; the duration of treatment was generally six days. In a case of conjunctivitis trachomatosa a cure was obtained in 45 days. It has several advantages over astringents, and it can be applied in conjunctivitis in solution, ointment, powder, or as external application. In chronic scrofulous otitis, he used injections of a lukewarm concentrated solution of boric acid, and applied borated glycerine (1:10); also in stomatitis, aphthæ, tonsillitis, etc.

5. In coryza as a snuff. R. Ac. borici subt. pulv. collœ Arab. pulv. āā 5.0. In small children it is used in the form of ointment.

6. In gonorrhœa he uses urethral bougies of which he introduces one three times daily. In addition 3.0 (gr. 45) daily internally.

7. In several cases of chronic endometritis and leucorrhœa with sterility, he observed cures by the use of boric acid. After dilating the cervix, he fills the uterine cavity with boric acid, and introduces a borated tampon. After removing the tampon, lukewarm boric acid injections are used. Cure after three or four months' treatment, followed by conception in several cases.

8. In cystitis he washes out the bladder (in acute cases) with three per cent. solution of boric acid, and in chronic cases he administers from 3.0 to 6.0 of the drug internally every day.—*Pittsburg Med. Review.*

JACKSON (J. HUGHLINGS) ON HEMIPLEGIA.

This author, in a recent lecture upon diseases of the brain, as usual adds some original and thoughtful facts to our knowledge of this subject. He speaks of two types of hemiplegia—an arm-type and a leg-type—where either of these extremities is most disabled. In a left hemiplegia the arm-type would be preferable, because the left arm can, if necessary be dispensed with; while in a right hemiplegia the leg-type would be preferable, since a man can better afford to lose a right leg than a right arm, and there is less likelihood of defect of speech if the leg-centre is chiefly affected.

If the paralysis begins very locally, say in the hand, and increases in degree and range very slowly, day by day and week by week, there is great probability of tumor of the opposite cerebral hemisphere. In most cases of slow hemiplegia one should treat for syphilis in the early stages. A hemiplegia following immediately upon an epileptic seizure beginning very locally would indicate cortical disease in the Rolandic region. The discharging lesion causing epileptic seizures in such cases is usually probably a local encephalitis about a tumor. The treatment of syphilitic post-epileptic hemiplegia is treatment for syphilis, of course, and also empirical treatment with bromides, the hemi or mono-plegia itself requiring no treatment.

If hemiplegia comes on deliberately, say in half an hour, without defect of consciousness, the presumption is for local softening from plugging of the middle cerebral artery or one of its branches. If rapid with loss of consciousness, or if coma soon follows a deliberate onset, the presumption is for cerebral hemorrhage. But these rules are only empirical and have their exceptions.

The type of syphilitic hemiplegia due to a syphilitic endarteritis is not cured by drugs. After the artery is obliterated and softening occurs drugs will do nothing toward curing the paralysis. But active treatment should nevertheless be carried on with mercurials and iodides in order to prevent similar occlusion of other vessels. There is no doubt that some of these cases of hemiplegia do recover, but not from treatment. All cases of hemiplegia, from whatever cause, that get well do so through the law of compensation by other nervous elements. This compensation will depend materially upon the smallness and position of the lesion.

As regards treatment in all classes of hemiplegia the paralysis needs none. Massage and gentle faradization will be of some service while we are waiting for compensation, but merely as an artificial exercise. To diminish the quantity of highly nitrogenized food, to look after digestion, to keep the patient's bowels free, is the best style of treatment. If arterial tension be high give small doses of mercury and saline aperients. Never give strychnine in cerebral paralysis.

Hemiplegia is not a nervous disease at all in the strict sense; it is in most cases an arterial affair.—*Brit. Med. Jour.*—*New Orleans Med. and Surg. Jour.*

WHEN TO PRESCRIBE DIGITALIS.

Notwithstanding the increasing additions to the list of so-called cardiac medicaments digitalis still holds its position as the most certain and most widely used; but in order to derive all the good possible from it it is necessary to understand clearly the indications, and not to give it indiscriminately, as is too often done. Mr. Huchard has set forth these indications very clearly in his recent work, "When and How Should Digitalis be Prescribed."

In order to understand clearly the indications and counter-indications, the valvular affections of the heart must be divided into four stages or periods. The first is the period of *eusystole*. During this time the lesion is compensated, and nothing should be done in the way of medication; all our efforts are to be confined to maintaining good hygiene. Digitalis is useless.

During the second period, that of *hypersystole*, the contractions are violent, and compensation is exaggerated. Hygiene still plays an important part, and the cardiac sedatives, aconite, arsenic and the bromides, are indicated; digitalis is injurious.

The situation is entirely different in the period of *hyposystole*, or temporary asystole. The cardiac muscle and vessels become asthenic. This is the stage of œdemas, congestion of the viscera, dropsies; the heart beats softly and feebly, etc. Digitalis is now of the greatest service; it is here triumphant.

Finally, in the period of asystole or amyocardia the cardiac muscle is profoundly degenerated: there is paresis of the heart, the definitive cardioplegia of Gubler. Digitalis is still sometimes useful, but it may in time become inefficacious, and occasionally it is injurious. Caffein in large doses is here sometimes very valuable.

Huchard considers a maceration of the drug as the best form for administering it. He does not give the infusion, which is preferred by some physicians, for, when it is necessary to act quickly, we cannot wait for twelve hours, which time is required for macerating. This is the method for making the maceration:

R. Leaves of digitalis, in powder, 25 to 40 centigrams; cold water 300 grams.

Macerate for twelve hours, and filter carefully, in order to avoid the retention of a certain amount of the powdered digitalis, which is capable of producing nausea and vomiting by its

irritant action upon the mucous membrane of the stomach. The infusion may be sweetened with any agreeable syrup.

This maceration should be taken in five or six doses during the day, between meals; the digitalis should be prescribed in diminishing doses; thus, 40 centigrams the first day, 30 cgr. the second, 20 cgr. the third, etc. As a rule, the digitalis should be suspended after four or five days' use.—*Journal de Médécine et Chirurgie Practiques.*

CURRENT VERIFICATIONS.

Gelsemium affords great relief in cases of irritable bladder.—U. B. Lee, in Brief.

Aletris is of special value in dysmenorrhœa. It is a uterine tonic, and will avert a threatened abortion.—Brief.

Arsenicum will cure menorrhagia when characterized by profuse and prolonged attacks at short intervals.—Brief.

Aconite in two-drop doses will, if commenced early in the disease, modify the course of a pneumonia.—Dr. Barns, in Brief.

Belladonna and its congener, Hyoscyamus, are capable of affording the greatest amount of relief in dysmenorrhœa.—Lancet.

Nux Vomica in five-drop doses of the tincture repeated every two hours, for ten consecutive hours, relieved the nausea of pregnancy, produced bearing down pains followed by miscarriage.—Med. World.

Adonis in heart disease receives the attention of Borgiotti in Deut. Med. Zeitung, as follows: He finds that the drug is a valuable remedy in various heart affections. It may be given continuously for two weeks, provided there is no suppression of the functions of the kidneys. In fatty degeneration of the heart Adonis acts as a diuretic and regulates the circulation, and will prove efficacious in many cases where Digitalis has failed or where its use is countra indicated. —Therapeutic Gazette.

Hydrastis Canadensis.—This drug causes constipation. It affords relief in inflamed or diseased mucous surfaces, producing a tonic alterative effect and peristaltic movements of the intestines.—Med. Brief, Nov., '88.

Pulsatilla.—Pulsatilla nigricans has a marked effect in cases of amenorrhœa, in acute ophthalmia, and in nasal, bronchial and vesical catarrh. Nearly all affections of the mucous membrane are more or less beneficially influenced by its administration, if the genuine plant be employed for its preparation. The anemond pulsatilla is frequently substituted and is almost inert. Half a drachm of the genuine tincture may be given three times a day. Thus used, it is an excellent remedy for amenorrhœa. Dr. J. Brunton, (London) has found it serviceable in some forms of dyspepsia.—Med. World.

Hepar Sulphur in Diphtheria.—Under the use of a solution of this remedy in spray, even sparingly applied, the diphtheritic patches undergo a change in a few hours. The temperature soon subsides, and a general improvement in the condition takes place almost from the first application. In some cases the patches disappear entirely in a day. If the false membrane has developed rapidly before the physician has seen the patient, under the influence of the spray it will be effectual even then in arresting systemic poisoning and, sooner or later, the tough membrane will detach itself. Do not by any means allow the patient to swallow any portion of the false membrane. By gentle manipulation it can sometimes be removed without causing any irritation.

Gelsemium.—As a remedy for certain kinds of headache, it has no rival. Catarrhal headaches and those which accompany dysmenorrhœa and nervous debility from overwork, are amenable to Gelsemium. It will also conquer neuralgias of the superior branch of the fifth pair when they are not referred from neighboring inflammatory or irritated conditions. The headaches of Bright's disease may be mitigated by it, but its use in ordinary bilious or sick-headache is not attended with any success. In the early stage of acute bronchitis, when the cough is disturbing, tubes are dry, and there is pain across the chest, Gelsemium will relieve this distress, start up the bronchial secretions, thereby furnishing material for expectoration, and diminution of the inflammatory tension. The bronchial glands are not the only ones influenced by the drug. The sweat glands are also subject to its action, and, given under proper conditions, this drug is an unfailing diaphoretic. Follicular tonsilitis is usually accompanied by soreness of the throat, high fever, neuralgic pains in the head, back and legs, all of which discomforts abate rapidly with the diaphoresis induced by Gelsemium. The patient is put under blankets and is given three to five drops every hour until he sweats, or has taken fifteen to twenty drops. Acute muscular rheumatism is also amenable to this treatment. Gelsemium will allay excitable reflexes and diminish the nervousness of passive cerebral congestion, and hence writers claim good results from its use in acute meningitis. It has been recommended for malarial chills in place of Quinine. It is said to soften a rigid unyielding os, and in fractional drop doses at frequent intervals, will diminish after-pains.

For the relief of neuralgias one should give three to five drops every half hour, or every hour, according to the intensity of the pain. To produce sweating, one drop every half hour is sufficient, the patient being well covered up in in bed. One drop every hour of the fluid extract will relieve the cough or discomfort of acute bronchitis.—Boston Med. and Surg. Jour.

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MONTREAL, MAY, 1889.

GLYCERINE SUPPOSITORIES.

In order to test the efficacy of some glycerine suppositories manufactured by Parke Davis, sent to us for trial by a drug firm, we directed one of our reporters to insert one into his rectum, and to report progress. He states that almost immedately powerful peristaltic movements of the intestines were set up, and although he only resides five minutes' walk from the office, he had to accelerate his speed considerably in order to reach home in time. He says that the suppository could not be retained for a sufficient length of time to be completely dissolved, and that a copious discharge was the result. Each suppository contains 45 grains of glycerine, it is double-coned shaped, being exceedingly easy of introduction, and is covered with tinfoil to preserve it from moisture.

RAISING THE STANDARD IN THE UNITED STATES.

It is with unfeigned gratification that we notice the determined movement which the profession of the various States throughout the neighboring Republic is making towards raising the standard of medical education. Knowing as we do the high attainments of many of their teachers, and the thorough course of instruction given by many of their universities, we have always felt sorry to hear the M.D. of American graduates spoken of with contempt by the English and European profession. And, yet, how could it be otherwise? Twelve years ago Buchanan was selling his Philadelphia diplomas of M.D., C.M., for five pounds apiece, and he had been doing this for five years without let or hindrance. It will take thousands of first-class graduates to undo the harm which each of those bogus ones did.

According to an article in the *Druggists' Circular*, reproduced by the *Southern California Practitioner*, April, '89, a "doctor factory" has been in operation in Cincinnati for the last fifteen years. The whole course of study extends over two months only, and the fees required are $100. There are no lectures on therapeutics, nor on anatomy, nor are there any clinical lectures; in fact there is no regular course of instruction. After two months study of dear knows what, the graduate obtains his M.D., D.V., Doctor of Medicine and Doctor of Vitapathy, whatever that may mean. Here is the address which the President made to each member of the last graduating class:

BROTHERS,—You have learned the Vitapathic system, graduated at its College, partaken of its higher sacrament and holier spiritual baptism, and are ready to take on the higher office of Vitapathic minister. We now, therefore, by the authority of our country's laws and heaven's highest power, ordain you a Vitapathic minister and physician, with full authority and power to preach the gospel of life, as contained in the great Vitapathic system, in all its fulness and power, to all people, in all worlds, in all time and eternity; to attend funerals, solemnize marriages, and to do whatever a Vitapathic minister-physician can do to comfort the afflicted, relieve the distressed, heal the sick, commune with angels, receive higher inspiration, cast out devils, raise the

dead, perpetuate existence, and make human life immortal. All power is now yours. Go and perform your duty well: and all the life and power and love of Vitapathy be with you forever.

At a university in the United States, not very far from Montreal, our second year students can go and spend a few months and come back with an M.D. diploma, which, fortunately, is not recognized in Canada.

On the other hand, there are the splendid schools of Bellevue, Pennsylvania and Harvard, elaborate and thorough in their teaching which have no different status in the eyes of the United States public than the institution we have just mentioned. The public when sick hardly even ask whether the man who is attending them is a doctor. It seems to be sufficient that he calls himself a doctor for him to speedily acquire a lucrative and prosperous practice.

What our brethren require, and what they are obtaining little by little, is State control of the licensing bodies, and in lieu of any better machinery this work has been very properly, we think, intrusted to the State Boards of Health, with the result that thousands of quacks have been driven into some less nefarious trade, or else into some other State where free trade in quackery still prevails. The next thing to do is to raise the graduating standard of the lowest University up to that of the best, and there is no better way to begin than by making it impossible to obtain an M.D. degree with less than four years of study. Then make the preliminary examinations sufficiently searching that only young men of culture and scientific attainments might be admitted to the study of medicine, thus doing away with the superficial smattering and cramming for the entrance examination now so much in vogue.

Then, and not till then will the doctor deserve and obtain the full respect of the public.

We are proud to say that nearly all these improvements have been carried out in Canada, with the result that we have no cause to be ashamed of the graduates of even our weakest University. But something more remains to be done; instead of four years of six months being compulsory as at present, we think that the term should be extended to ten months, for every professor in a medical college knows that the lectures at his disposal are quite inadequate for thorough instruction of his class.

The University of Laval at Quebec which has private means enough to make it independent, exacts four years of ten months each, and moreover makes a substantial reduction in fees to those who first graduate in arts and science.

We understand that Dr. Osler, Professor of Medicine in John Hopkins University, Baltimore, who has done so much towards placing the Canadian profession in its present satisfactory position, is directing the same energy to a like purpose in the country of his adoption.

BOOK NOTICES.

The Modern Treatment of Headaches. By Allan McLane Hamilton, M.D. George S. Davis, Detroit, Mich, 1888. Price 25 and 50 cents.

A Treatise on Hysteria and Epilepsy, with Some Concluding Observations on Epileptic Insomnia, by J. Leonard Corning, M.A., M.D. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

Electricity in the Diseases of Women, With Special Reference to the Application of Strong Currents. By G. Betton Massey, M.D. F. A. Davis, Publisher, Philadelphia and London, 1889. Price $1.50.

Abdominal Surgery. By Hal C. Wyman, M.S., M.D., Professor of Surgery and Operative Surgery, Michigan College of Medicine and Surgery, etc. George S. Davis, Detroit, Mich., 1888. Price 25 and 50 cents.

Hand-Book of Materia Medica, Pharmacy and Therapeutics. Compiled for the use of Students Preparing for Examination. By Cuthbert Bowen, M.D., B.A., Editor of "Notes and Practice." F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1888. Price $1.40.

PRACTICAL GUIDE IN ANTISEPTIC MIDWIFERY IN HOSPITALS AND PRIVATE PRACTICE. By Henry J. Garrigues, A.M., M.D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital, etc. George S. Davis, Detroit, Mich., 1886. Price 25 and 50 cents.

THE PHYSICIANS' LEISURE LIBRARY, BRIGHT'S DISEASE. By Alfred L. Loomis, M.D. Geo. S. Davis, Publisher, Detroit, Michigan. Price, paper, 25 cents; cloth, 50 cents.

The above is a well-written scientific discussion of Bright's Disease, and is calculated to make clear for the student and practitioner many points in the study of this disease that have for so long a time been massed under this common term. He describes three varieties of the disease:

1. Parenchymatous nephritis, which has been known under the heads of tubular, diffuse, catarrhal, cronpous, desquamative and glomerular nephritis.

2. Interstitial nephritis, or what is commonly known as cirrhotic, hobnail, red granular, gouty or gin-drinker's kidney.

3. Amyloid kidney, or what has been known as waxy or lardaceous kidney.

There is a very readable article upon uraemia and albuminuria. Reference is also made to the cardio-vascular changes, retinal changes and tube-casts. In acute Bright's Disease he advises the employment of digitalis primarily, claiming that above all it has the greatest efficiency. The book, on the whole, is one that is fitting to the position it occupies, a companion to the other valuable little works that Mr. Davis has given to medical literature under the name of the Physician's Leisure Library.

THE PREVENTIVE TREATMENT OF CALCULOUS DISEASE, AND THE USE OF SOLVENT REMEDIES. By Sir Henry Thompson, F.R.C.S., M.B., Lon. Surgeon Extraordinary to His Majesty, the King of the Belgians; Consulting Surgeon and Emeritus Professor of Clinical Surgery to University College Hospital; Fellow of University College; late Professor of Surgery and Pathology to the Royal College of Surgeons; Honorary Member of the Société de Chirurgie of Paris, etc.

Is there not a period in the history of the process which leads to the formation of renal and vesical calculi, whether in the condition of gravel, concretion, or stone at which it might be possible to prevent the development of a considerable deposit and the necessity for mechanically removing it? This important question is formulated by the most eminent authority upon the subject involved, Sir Henry Thompson, and he accompanies the question with a full and satisfactory answer in the affirmative, in a short book of 50 pages which is included in the May issue of Wood's Medical and Surgical Monographs. Admitting that renal and vesical calculi which are formed by diseased action of the bladder are only amenable to mechanical treatment, he demonstrates that the formation of uric-acid calculus can be checked at almost any stage of the complaint, and rendered impossible, if proper treatment is adopted. His consideration of the subject is concise though full, and eminently practical, and will undoubtedly afford a revelation to many regarding the susceptibility of this affection to medicinal treatment.

THE INTESTINAL DISEASES OF INFANCY AND CHILDHOOD. PHYSIOLOGY, HYGIENE, PATHOLOGY AND THERAPEUTICS. By A. Jacobi, M.D., President of the New York Academy of Medicine; Clinical professor of Diseases of Children in the College of Physicians and Surgeons, New York, etc. 1887. Geo. S. Davis, Detroit, Mich.

As the season of the year during which diseases of the intestines in children are so prevalent is rapidly approaching, this little volume by such a renowned author cannot fail to prove highly interesting to our numerous readers. The writer informs us that of all the fatal affections which occur in the first year of life, forty per cent. are diseases of the digestive, and twenty per cent. diseases of the respiratory organs. In the second year the main cause of death changes entirely. For of forty-five deaths from the two causes in that year, but nine are due to diseases of the digestive, and thirty-six to affections of the respiratory organs. Mortality diminishes with every day of advancing life; every additional hour improves the baby's chances for preservation. Almost one-half of the infants who die before the end of the first year, do so before they are one month old. The causes of the disease are the more active the earlier they are brought to bear upon the young with their defective vitality. Two grave conclusions are to be drawn from this fact. The first is, that diminution of early mortality depends upon avoiding diseases of the digestive organs by insisting on normal alimentation. That is particularly important in the first few months. The second conclusion is the following: That the hygienic rules for infants concern the digestive organs mainly, so much so that infant hygiene and the hygiene of the digestive organs in infants appear to be nearly identical. The book proves most interesting and is eminently practical.

THE MODERN TREATMENT OF PLEURISY AND PNEUMONIA. By G. M. Garland, M.D., Instructor in Clinical Medicine, Harvard Medical School. 1888. George S. Davis, Detroit, Mich.

This little work deals in a very able manner with the treatment in a modern fashion of these two very important (because so frequent in occurrence) diseases. The ancient treatment of pneumonia, Dr. Garland says, has varied with fashion. He divides it into six categories, viz., depletive, supportive, expectant, antipyretic, antiseptic, symtomatic. He discusses all these methods more or less briefly, spending some time on the antipyretic and its statistics. But one of the six receives any commendation,—the supportive, which, combined with the symptomatic method "forms the only satisfactory treatment thus far devised." Early in the disease the author sees no objection to the use of opium in full doses, and thinks it certainly "a wise and humane proceeding," and one which "can produce nothing but benefit to the patient." Later in the disease he admits the danger of its use. He also condemns poultices unless they are properly applied and is as hot as the patient can bear them. He says poultices do not shorten the disease,

but they may alleviate pain. For sleeplessness Dr. Garland has no sure remedy. Bromides and ice-bags to the head might be tried. In delerium, alcohol and morphine for known alcoholics; carbonate of ammonium, tonic doses of quinine, 2 or 3 grs. a day, and liquid food. Strophantus promises to be a better heart tonic for pneumonia than digitalis, because it is more sedative to the nerve-centres. In sudden collapse, brandy and ammonia hypodermically and heat locally. Calomel the author uses as a laxative in the early stages and gives "all the water and ice the patient desires." We have only spoken regarding pneumonia, but the management of pleurisy, as detailed by this author, will probably give some very new and valuable ideas on the subject to our readers. We can heartily recommend its perusal.

Wood's Medical and Surgical Monographs, Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. The contents of March number are as follows: Neurasthenia and its Treatment, by Dr. H. Von Ziemssen; Antipyresis and Antipyretic Methods of Treatment, by Dr. H. Von Ziemssen; The Tongue, as an Indication of Disease, by Dr. W. H. Dickinson; On the Treatment of Cystic Goitre, by T. M. Hovell, F.R.C.S.; New Remedies from 1878 to 1888, by Dr. C. Cauquil; Index for Vol. 1. Contents of April number: On Diabetes and its Connection with Heart Disease, by Jacques Meyer, M.D.; Blenorrhœa of the Sexual Organs and its Complications, by Dr. Ernest Finger. Published monthly. Price, $10.00 a year; single copies, $1.00. April, 1889. William Wood & Co., 56 and 58 Lafayette Place, New York.

Among the many other advantages which the practitioner of to-day enjoys which those who preceded him did not possess is that of cheap and good medical literature. For less than two dollars he can purchase in the above form a splendid stiff paper and in large clear type, seven modern medical works. Some of these books were written by leading French and German authors and might therefore have remained sealed to the majority of readers were they not placed before them in English. The selection of subjects is opportune and the translations have been made in a peculiarly easy and acceptable manner. The limits of space prevent us from giving even a synopsis of these books, but if any of our readers will send one dollar to Wm. Wood & Co., and ask for the March number, they will be able to judge for themselves whether twelve such books are not worth the ten dollars charged.

Sprains: Their Consequences and Treatment. By C. W. Mansell Moullin, M.A., M.D., Oxon., F.R.C.S., Eng. Assistant Surgeon and Senior Demonstrator of Anatomy at the London Hospital; formerly Radcliffe Travelling Fellow, and Fellow of Pembroke College, Oxford.

Sprains, and the consequences which may be regarded as directly and immediately dependent on them, form a subject of great interest, for it has been said, and not untruly, that in all probability half the crippled limbs and stiffened joints that are met with every day, date their starting point from the occurrence of some apparently trifling accident of this description. Few injuries are treated with so little consideration as sprains. It is impossible to overlook wounds, owing to the bleeding and pain that accompany them. Fractures, it is understood, require rest and care; but sprains, in which the tissues are torn to such a degree that the damage is far more serious than in many fractures, merely because they are so common, are considered of little or no consequence; a fracture being regarded as serious, a sprained joint as quite a trivial matter.

It is true that a large number of sprained joints get well of themselves, or under ordinary domestic treatment; a few, it must be admitted, in spite of it; but even in the young and healthy, it is not unusual to find the action of the joint seriously impaired. Or without the joint itself being injured, the muscles and tendons may be strained, and give rise to stiffness or weakness that lasts for years.

This is not a subject calculated to interest the specialist in orthopedics alone, but is one that comes home to the physician in his every-day practice.

About 200 pages of the May issue of Wood's Medical and Surgical Monographs are devoted to Dr. Moullin's masterly treatise, and if his efforts serve to awaken an appreciation of the gravity of these injuries, and convey the neccessary information to insure suitable treatment for them, he will indeed accomplish a good work. It would seem that his book should fulfil this mission, for it considers the subject in all its aspects, and he has apparently ommitted nothing necessary to make the work an indispensable adjunct to the working library of every physician.

PAMPHLETS RECEIVED.

The following pamphlets have been received. The authors of them would probably be pleased to send a copy to any one interested who will send his name and address coupled with the request to do so.

Gonorrhœal Diseases of the Uterine Appendages. By Joseph Price, M.D., Philadelphia.

A Report of Two Cases of Extra-Uterine Pregnancy. By Joseph Price, M.D., Philadelphia.

On Some Mild Measures in the Treatment of Intra-Nasal Hypertrophies and Inflammations. By W. H. Daly, M.D., Pittsburgh, Pa.

The Question of interfering with the Abscesses of Hip Disease. By A. B. Judson, M.D. Orthopædic Surgeon to the Out-Patient Department of the New York Hospital. Reprinted from the New York Medical Journal for March 2, 1889.

A Consideration of Some of the Recent Work in Abdominal Surgery. By Joseph Price, M.D., Philadelphia, Pa. Physician-in-charge of the Preston Retreat; Fellow of the American Association of Obstetricians and Gynæcologists.

On the Relation of the Nasal and Neurotic Factors in the Etiology of Asthma. By F. H. Bosworth, M.D.; E. L. Shurly, M.D.; W. H. Daly, M.D.; Andrew H. Smith, M.D. Reprinted from the New York Medical Journal for January 19, 1889.

Conservative Gynæcology. By Horatio R. Bigelow, M.D. Permanent Member of the American Medical Association; Life Fellow of the British Gynæcological Association; Member of the Anthropological and Biological Societies of Washington, D.C., etc.

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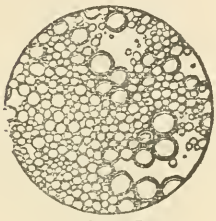

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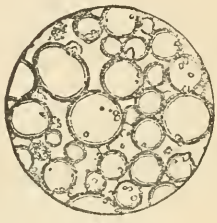

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Fig 5.

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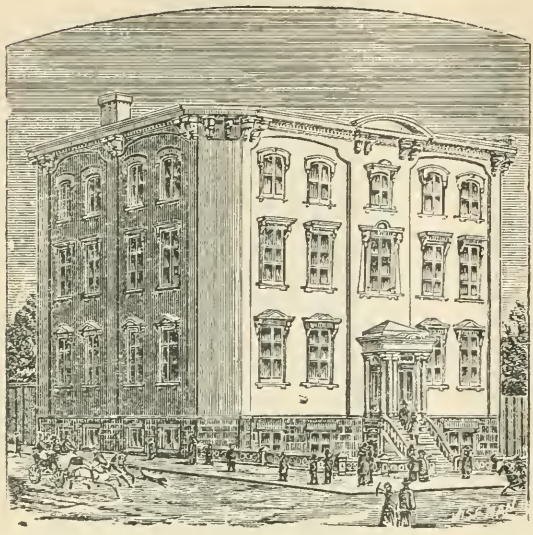

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